

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Walker

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44542

NOV 9 1936

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
Township White Oak Primary Registration District No. 5495 Registered No. _____
City Clinton Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Fred Leslie Bradshaw

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Bradshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

13. NAME Levi Bradshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went Know

15. MAIDEN NAME Glen Carney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went Know

17. INFORMANT (ADDRESS) Mrs Eva Bradshaw

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsdale DATE 12/6 36

19. UNDERTAKER (ADDRESS) Sparg & Son

20. FILED 12-5-36 J. B. Hamilton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1936, to 12-4, 1936

I last saw him alive on 12-3, 1936. Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris

Date of onset

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Dr Walker, M. D.
(Address) Clinton Mo

